

MONTGOMERY (D.W.)
Compliments of the author

LEPROSY IN SAN FRANCISCO.

Read by title in the Section on Practice of Medicine, at the Forty-fifth Annual Meeting of the American Medical Association, held in San Francisco, June 5-8, 1894.

BY DOUGLASS W. MONTGOMERY, M.D.

PROFESSOR OF DISEASES OF THE SKIN, MEDICAL DEPARTMENT OF THE UNIVERSITY OF CALIFORNIA; CONSULTING PHYSICIAN FOR DISEASES OF THE SKIN AND FOR PATHOLOGY, GERMAN HOSPITAL.

SAN FRANCISCO.

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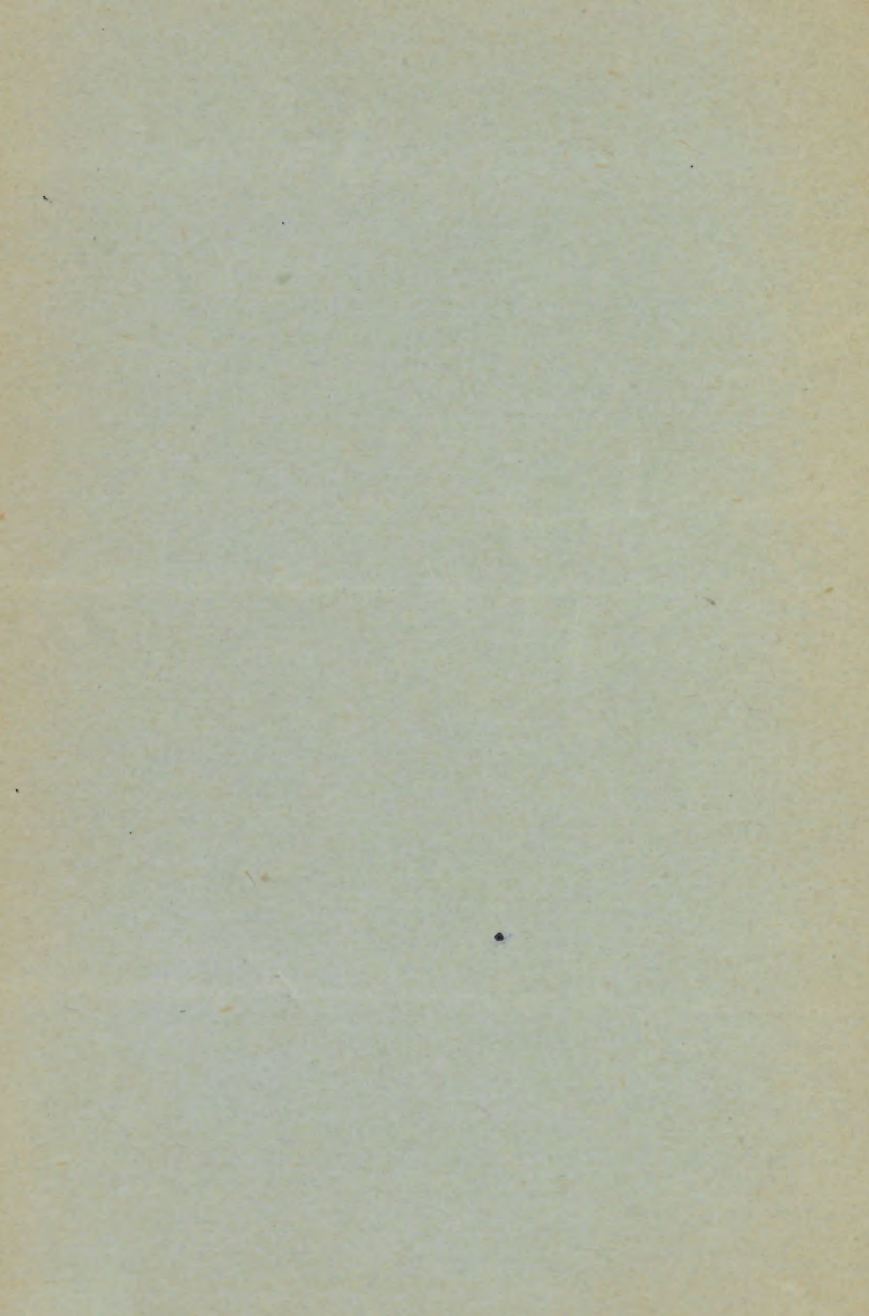
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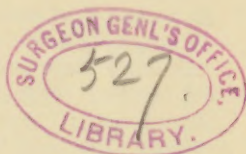
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LEPROSY IN SAN FRANCISCO.

In all ages and in all countries the mass of mankind has believed in the contagiousness of leprosy, and even now, when exposed to the sharpened criticism of scientific inquiry, contagion is still the only basis on which we can explain the facts. It is not known how the contagium is carried or how inoculated. We do not know what manifestation it makes at the seat of inoculation, or whether it makes any capable of being clinically appreciated. It is not understood why one person may become infected from what seems a short exposure, while another may dwell most intimately and for long stretches of time with lepers, and never contract the disease. We are not in a position to explain these nor a host of other facts, but we do know that when we find a leper, we immediately inquire for other lepers with whom he has been in contact and we find them. The fact of lepers being aggregated in localities is so notorious, and so within the ken of every medical man or even layman that it does not need the citation of examples.

If the disease be contagious and in no other way can we understand its propagation, and if it have a tendency to become fixed in a locality because of the continued residence of lepers, or as it might be put, if a locality may become saturated with the germs of this disease, then the question before the citizens of San Francisco and of the United States becomes a grave one, for, instead of passively receiving lepers we may assume the active rôle of a distributing point, and give out abundantly what we have received so thoughtlessly. All the factors going to the formation of a leper focus seem to be present

in the San Francisco Chinatown. The Chinese here all come from the Province of Kwang Tung, where leprosy is abundantly endemic; most of the lepers here are Chinamen; most of the Chinamen in San Francisco live in the Chinese quarter, and under unhygienic, overcrowded, filthy conditions. Under such circumstances, from what we know of germ diseases, everything seems favorable to room after room in Chinatown becoming impregnated with lepra bacilli from the occasional sojourn of leprous Chinese. On the other hand, I must say that although I have seen quite a number of Chinese lepers here, I have never run across one who was born in this country. This may be due to the circumstance that very few of them are native here, as a Chinaman seldom brings his wife with him. They are all married prior to emigrating, and they leave their wives at home. But the failure to find Chinese lepers of American birth might be brought forward as an argument by those who consider the fear of San Francisco becoming a leper center trivial.¹ They

¹ From the length of time some of the Chinese lepers have been in this country before showing any signs of the affection, one might infer the possibility of having acquired it here. It is not wished to put it any stronger than a possibility, because in leprosy the time that elapses between an inoculation and the first manifestations of the disease seem to vary within wide limits. The following is a list of some Chinese lepers, with the date of their arrival in this country, and the length of time after that before they noticed the first symptoms of their disease. The figures in either case are just as they were given to me either directly from the patient, or through the intermediary of an interpreter, and make no pretensions to being scientifically accurate:

Lee Yen, 33 years of age, laundryman and cigarmaker, came to America in 1873, and went back to China for a short visit about eleven years afterwards. A leprous patch appeared on the right buttock three years ago.

Chan Muy, female, 31 years of age, came to America in 1868, and a small tubercle appeared on the nose in 1888, twenty years afterwards.

Dang Hung Kuen, male, 50 years of age, came to America in 1881, and about five years afterwards noticed half dollar sized patches on the right side of his forehead.

Ngo Wong, male, 25 years of age, ragpicker, came to America in 1878, and three years afterwards noticed the left ear became swollen.

Chang Kim, male, 25 years of age, farm laborer, came to America in 1884, and five and a half years afterwards tubercles appeared on the anterior surfaces of the knees.

Chung Kan Foke, male, 31 years of age, miner in a silver mine, came to America in 1876, and lumps appeared on the face sixteen years afterwards.

Ma Ying, male, 25 years of age, farm laborer, came to America in 1881, his right hand withered and a white patch appeared on the left side of the face seven years ago.

might say that leprosy introduced by the Chinese into California would probably take a course similar to the same disease brought to Minnesota, Wisconsin and Iowa by the Norwegian immigrants, not one of whose descendants, according to both Hansen and Gronwald, are lepers.² But one of these observers, Armauer Hansen, thinks the failure of the disease to propagate itself in the case of the Norwegians is due to the improved social conditions in this country. The isolation of separate beds, clean toilet articles, distinct food receptacles, plenty of water, is enough to prevent the spread of the disease. And this brings me to a point which ought to be accentuated; the difference in social conservatism between the Aryans and the Mongolians as we see them in this city.

The European, of whatever nation, comes here to form a home, and the more prosperous he is, the more comfortable the home becomes. The Chinaman, no matter how prosperous he may be, lives under mean conditions and saves his money that he may realize his ideal of living in splendor on returning to China. And besides this he has a conservatism of which the restless dissatisfied Anglo-Saxon can only form an imperfect conception. Look at their colossal conservatism in regard to food. The Italian will give up his polenta, and the Irishman is only too glad to add good juicy beef to his potato diet, but a walk down Dupont Street shows not only shop after shop filled exclusively with imported Chinese food stuffs, but fresh meat stores filled so predominantly with pork that it is difficult to find beef, and apparently never a piece of mutton, in a land where both beef and mutton are cheap.

The Chinese in California live practically the same way they do in China and, as far as social conditions are concerned, leprosy would have an equal chance of propagating itself among them here as there.

² Die Ätiologie der Lepra von G. Armauer Hansen. Rudolf Virchow's Festschrift, Bd. III., Page 63.

Leprosy in Minnesota, U. S. A., by Chr. Gronwald, M.D. The London Lancet, March 26, 1892.

We might look upon the presence of leprosy in Chinatown with indifference, thinking of it as simply confined to an alien population, but the possibility of their afflictions being transmitted to us should make us alive to the importance of warding off the danger. Some Americans are necessarily employed in Chinatown, and many Chinese are domestics in American houses. In fact we are intermingled in a thousand ways and unavoidably so. And moreover on a former occasion I have shown that an American, who was never out of the United States acquired leprosy on this coast, probably in a Chinese camp in Nevada, so that there is no doubt of the possibility of Americans becoming lepers in this country.³

³ On Feb. 29, 1892, there died at the San Francisco pesthouse a leper with the following history:

B., aged 43; an American; was born of American parents in Massachusetts, and never was out of the United States excepting a few hours in passing from Buffalo to Detroit over the Canada Southern Railway. About twenty years ago he acquired a sore on the penis after connection with a white woman in Nevada; no history of secondary symptoms could be elicited. He did not deny that previous to this he might have had frequent connection both with Chinese and Indians, but he said that if so, it was a long time before and had no connection with the sore. Shortly after the acquisition of the sore, and while still in Nevada, he had charge of a gang of Chinamen on the railroad. There were several Chinese prostitutes in the camp with whom he had frequent connection. He did not remember that any of the Chinese showed any of the symptoms of leprosy, but admitted that they might have had the disease and escaped his notice, as he did not know anything about leprosy at that time. About seven years ago he noticed areas of brown discoloration on the body and limbs, which were diagnosed and treated as syphilis by the doctors whom he consulted. His malady was first correctly interpreted by Dr. Geo. L. Fitch, of San Francisco, about five years ago, and about six months later he entered the San Francisco pest-house, where he remained for two years. He again entered on Feb. 17, 1890, and remained till his death.

The patient was above medium height, with a well developed bony skeleton. He was bald on the vertex, the remaining hair was brown, and rather dry looking as if not well brushed, but otherwise healthy. The scalp was in good condition. He had neither eyebrows, eyelashes, nor moustache, and the beard was very sparse. The disease was situated especially in the face, hands and forearms, and feet and legs. There were large nodules on the site of the eyebrows, and from there the disease shaded off upwards into the clear scalp above. The eyelids moved a little stiffly from the infiltration, but there was no lagophthalmos, as is so frequently the case in leprosy. The skin of the nose, and of the whole of the lower part of the face was very much thickened, especially the lower lip, which stood out stiff and useless. The patient originally had a light complexion, but when I saw him the skin of the face, hands, and lower part of the legs, and of the feet was a dark coppery color. The skin upon the lesions of the face had the silky soft appearance so often seen in patients suffering from tubercular leprosy. On the skin of the arms and hands, and of the legs and feet there were excoriations, the seat of previously existing pemphigus blebs, which

San Francisco is a young city, only a little over fifty years old, and leprosy can not yet be said to be endemic here, for it has not had the time to become so. It is therefore not a leper city in the full sense of the term, and we should see to it that this misfortune does not happen. There will always be some lepers coming in from surrounding countries, but the disease ought not to be allowed to gain a foothold.

As an example of a city where leprosy has become firmly seated, Constantinople is instructive. Von Duhring says⁴ that leprosy in that city is only endemic among the Spanish Jews, and that all other

appeared from time to time. The last joint of the ring finger of the left hand was enlarged and stiff; the movements of the hands were not nearly so deft as formerly, but there was no paralysis, and no wasting of the muscles. He had lost appreciation of touch, and on being handled felt as if a substance were between the fingers of the person and his skin. His extremities were analgesic, and he had recently burnt his fingers in picking up something hot without experiencing any pain. His appreciation of the sensations of heat and cold was not tested. There was a discoloration, such as he said constituted the first symptoms of his malady, on the inside of the left leg. It was an irregular, fairly well circumscribed, brown patch about the size of a silver dollar, joined by a narrow isthmus to a similar patch. At the edge of this discoloration there was a lepra nodule, well raised above the level of the skin, and very dark in color. It might have been mistaken for a melanotic sarcoma. This nodule was cut out, and lepra bacilli were found in scrapings from its cut surface. Sections prepared for the microscope showed that its black color was owing to an extraordinary amount of lepra pigment.

The eye-balls were clear and moved normally, and the sight was good. The skin covering the auricles was normal, a remarkable circumstance considering their liability to be affected, and the advanced stage of the disease. The hearing was good. Both nares were almost completely blocked so that he could scarcely breathe through them. The epithelium of the dorsum of the tongue was a glittering white, and the surface was marked off by deep furrows running in all directions, but principally longitudinally and transversely. This condition of the tongue is usually found associated with syphilis, and it was the only symptom I could find at all indicative of that disease. He complained he could not eat fish, because of the difficulty in detecting the bones with his tongue, so that the sense of touch was evidently obtunded. The voice was husky and the breathing was difficult; in speaking he frequently had to pause to take breath, and at times the hospital attendants were afraid he would smother to death. He said he had not had any sexual desire since the commencement of the disease seven years before, and he blamed, as this class of people frequently do, the mercurial treatment for its extinguishment. The skin of the penis and scrotum was absolutely normal, but there was a small solid swelling in the left cord, and the left epididymis was slightly enlarged but of normal consistency. His mind was clear and his answers terse and to the point.—Reported in the *Pacific Medical Journal*, April, 1892.

⁴ Lepre und die Frage ihrer Contagiosität nach Beobachtungen in Konstantinopel von Dr. med. E. von Duhring. Monatschrift für Praktische Dermatologie, 15. Maerz, 1893.

cases he has seen came in from the neighboring towns. These Jews, driven out of Spain in 1492 by Ferdinand and Isabella, settled in a quarter of Constantinople set apart for them, where they yet dwell. They still, after the lapse of four hundred years, speak Spanish, wear a peculiar garb, live poorly, and are very crowded and filthy, in all of which respects they form a striking and instructive parallel to the Chinese in our city.

A paper drawing attention to the contagiousness of leprosy, especially when even the laity believe it to be far more virulently contagious than it really is, would seem to be superfluous, but allow me to give you an example of civic carelessness in this very particular:

Until lately our lazaretto was also our smallpox hospital, and the lepers had the free run of the wards, which were liable at any time to be occupied by smallpox patients. The bed occupied by a variola patient might have been used as a lounging place by a leper a few minutes before. The variola patient was forced into the hospital, and he might be a very decent fellow—as a matter of fact a physician enjoying a good practice died there a few years ago—and it is not fair play to put a man in a bed on which a leper had been taking his noonday nap, thereby exposing him, because of a temporary disease, to the possibility of contracting a malady that would make him an outcast from society for life. This matter is mentioned rather by way of example than as a complaint, as the management has been changed lately and the discipline is better, but even now we ought to be on the outlook for a lapse of city morals in this direction, for, in case of a smallpox epidemic it is to be feared the main building would again be used as a smallpox hospital.

